

**Examiner Kumiko C. Koyama**  
**Group Art Unit: 2876**

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Attorney Docket No. FGT-11102/44

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brendan Solan et al.

Serial No.: 09/705,036

Filing Date: November 2, 2000

Group Art Unit: 2876

Examiner: Kumiko C. Koyama

For: METHOD FOR RECEIVING AND SHIPPING ITEMS

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TO: Examiner Kumiko C. Koyama

FROM: Beverly M. Bunting

PAGES: 26, including this cover sheet



DOCUMENT(S) BEING FAXED: Reply to Final Rejection, Transmittal Sheet

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I hereby certify that this document for Application Serial Number **09/705,036** is being  
facsimile transmitted to the Patent and Trademark Office fax number (703) ~~388-7772~~ **822-8306**  
Attention **Examiner Kumiko C. Koyama**, Group 2876, on **September 17, 2003**.

*Rainie Mills*  
Rainie L. Mills

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>FGT-11102/44</b>	
Applicant(s): <b>Brendan Solan et al.</b>					
Serial No. <b>09/705,036</b>	Filing Date <b>November 2, 2000</b>	Examiner <b>Kumiko C. Koyama</b>		Group Art Unit <b>2876</b>	
Invention: <b>METHOD FOR RECEIVING AND SHIPPING ITEMS</b>					
<b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	24 =	3 x	\$18.00	\$54.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$54.00</b>
 <input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>07-1180</b> in the amount of <b>\$54.00</b> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1180</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: _____		
<b>BEVERLY M. BUNTING, REG. NO. 36,072</b> <b>GIFFORD, KRASS, GROH, SPRINKLE,</b> <b>ANDERSON &amp; CITKOWSKI, PC</b> <b>280 N. OLD WOODWARD AVE., STE. 400</b> <b>BIRMINGHAM, MI 48009</b> <b>(248) 647-6000</b>					
 <b>32996</b> PATENT TRADEMARK OFFICE			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div>		
cc:					

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